



VERMONT DEPARTMENT OF TAXES  
PO BOX 547  
MONTPELIER, VT 05601-0547

## VERMONT ESTIMATE OF INSURANCE PREMIUM TAX

For Tax Year Ending \_\_\_\_\_, 20\_\_\_\_

Company Name	FID #
Address	NAIC #
City, State, ZIP Code	Annual Estimated Tax \$

**Filing period** (select only **one**)

☐ **1st Payment**  
(Due May 31)

☐ **2nd Payment**  
(Due August 31)

☐ **3rd Payment**  
(Due November 30)

1. Estimated or Actual Tax for this period ..... 1. \_\_\_\_\_

2. Amount of this payment ..... 2. \_\_\_\_\_

Make checks payable to **“Vermont Department of Taxes”**

All companies, associations, or societies whose aggregate tax liability reasonably may be expected to exceed \$500.00 for the calendar year must make quarterly payments. Quarterly payments are due on or before the last day of the second calendar month following the quarters ending March, June, September, and December. As provided in 32 V.S.A. §8553, the December quarterly remittance shall be made annually and filed on the final reconciliation tax return (Form IP-1) on or before the last day of February.

**Companies, associations, or societies with an annual tax liability which may be reasonably expected to be less than \$500.00 are required to file VT Form IP-1 annually on or before the last day of February.**

Please fully complete this form to ensure proper credit against your liability. If your tax liability is less than \$500.00, you may remit it along with the corresponding annual return.



I hereby certify that this return is true, correct, and complete to the best of my knowledge.

Signature of Responsible Officer

Printed Name

Date

Signature of Preparer (Other than Taxpayer)

Preparer's Printed Name

Date

Telephone Number

**Form IPE-2**

Rev. 12/07